

PLACE OF DEATH

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

County Iron
Township Dart
or
Village
or
City (NO. St. Ward)

Registration District No. 393
Primary Registration District No. 5548

File No. 1413
Registered No. 5

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME

Jela Farrah

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
DATE OF BIRTH January 21, 1911 (Month) (Day) (Year)
AGE born 170 If LESS than 1 day, 4 hrs. or min.?
yrs. mos. ds.

OCCUPATION
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE
(City or town, State or foreign country) Bixby, Mo.

PARENTS
NAME OF FATHER John Farrah
BIRTHPLACE OF FATHER (City or town, State or foreign country) St. Louis, Mo.
MAIDEN NAME OF MOTHER Liddie Jane Linker
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Cambridge, Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. J. Taff
(ADDRESS) Bixby, Mo.

Filed Jan. 21, 1911, Solo. Pays
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 21, 1911 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from January 20, 1911, to January 21, 1911, that I last saw him alive on 20 January, 1911, and that death occurred, on the date stated above, at 4:30 a.m. The CAUSE OF DEATH* was as follows:

Borned before time
something more 6 months
is not in the Cause of the malocclusion
159 (Duration) yrs. mos. ds.

Contributory (SECONDARY) (Duration) yrs. mos. ds.

(Signed) J. J. Taff M. D.
January 21, 1911 (Address) Bixby, Mo.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death 4 hrs. In the 24 yrs. mos. ds.

Where was disease contracted If not at place of death?
Former or usual residence Bixby, Mo.

PLACE OF BURIAL OR REMOVAL Bixby, Mo. DATE OF BURIAL Jan. 22, 1911

UNDERTAKER Clair Linker ADDRESS Bixby, Mo.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

Statement of occupation.—Precise statement of occupations is very important, so that the relative health of various pursuits can be known. The question applies to each and every person, irrespective of or many occupations a single word or term on a line will be sufficient, e. g., *Farmer* or *Planter*, *Miner*, *Composer*, *Architect*, *Locomotive engineer*, *Engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the name of the business or industry, and therefore an additional line is provided for the latter statement; it to be used only when needed. As examples: (a) *Cotton mill*; (b) *Salesman*, (b) *Grocery*; (a) *Reman*, (b) *Automobile factory*. The material on this line may form part of the second statement. If the person returns "Laborer," "Foreman," "Manager," etc., without more precise specification, as *Miner*, *Farm laborer*, *Laborer—Coal mine*, etc. If the person is at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a salary), may be entered as *Housewife*, *Housewife—At home*, and children, not gainfully employed, as *School* or *At home*. Care should be taken to record specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housewife*, etc. If the occupation has been changed or given on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sar-*

coma, etc., of _____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)



EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.

PLACE OF DEATH

County Iron
Township West
or
Village _____
or
City _____ (NO. _____)

REGISTRARS SHALL NOT RE-
CEIVE A FEE FOR CERTIFICATES
UNTIL THEY ARE COMPLETED AS
PRESCRIBED BY LAW.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 893 File No. 1413
Primary Registration District No. 5543 Registered No. 3

[If death occurred in a
hospital or institution,
give its NAME instead
of street and number]

FULL NAME

Zula Farrah

PERSONAL AND STATISTICAL PARTICULARS

SEX M COLOR OR RACE W SINGLE ☒ MARRIED ☐ WIDOWED ☐ OR DIVORCED ☐
(Write the word)
DATE OF BIRTH 1-21- 1911
(Month) (Day) (Year)
AGE _____ yrs. _____ mos. _____ ds. IF LESS than
1 day, _____ hrs. or _____ min.?

OCCUPATION

(a) Trade, profession, or
particular kind of work _____

(b) General nature of industry,
business, or establishment in
which employed (or employer) none

BIRTHPLACE

(City or town, State or foreign country) Bigby Mo

PARENTS

NAME OF FATHER

John Harp

BIRTHPLACE OF FATHER

(City or town, State or foreign country) Stedville Mo

MAIDEN NAME OF MOTHER

Ida Turner

BIRTHPLACE OF MOTHER

(City or town, State or foreign country) Stedville Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. Taff

(ADDRESS) Bigby Mo

Filed 1/21

Mar 8 1911

F. M. Adams

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 1-21, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from
1-21, 1911, to 1-20, 1911,
that I last saw her alive on 1-20, 1911,
and that death occurred, on the date stated above, at 4:20 a.m.

The CAUSE OF DEATH* was as follows:

Born before time

Contributory

(SECONDARY)

(Duration) _____ yrs. _____ mos. _____ ds.
(Signed) J. Taff M. D.
1-31, 1911 (Address) Bigby Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state
(1) Means of Injury: and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR
RECENT RESIDENTS)

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted
if not at place of death?

Former or
usual residence _____

PLACE OF BURIAL OR REMOVAL

Boas Mo

UNDERTAKER

Charles Turner

DATE OF BURIAL

1-22- 1911

ADDRESS

Bigby Mo

All information called for must be written on this Supplementary Certificate.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

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Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sar-*

coma, etc., of _____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)